TESTIMONY

CHARLES G. CURIE, M.A., A.C.S.W.
ADMINISTRATOR, SUBSTANCE ABUSE AND
MENTAL HEALTH SERVICES ADMINISTRATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Mr. Chairman and Members of the Subcommittee, I am pleased to present the President's Fiscal Year (FY) 2006 budget proposal for the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS). Overall, the President has proposed over $3.3 billion for SAMHSA in FY 2006. While this is a decrease of $56 million from the FY 2005 appropriation, we have once again proposed an aggressive agenda for SAMHSA that supports our vision and mission. Our vision of "a life in the community for everyone" and our mission to "build resilience and facilitate recovery" are clearly aligned with the priorities of both President Bush and Health and Human Services (HHS) Secretary Leavitt.

Our collaborative efforts with our Federal partners, States and local communities, and faith-based organizations, consumers, families and providers are central to achieving both our vision and mission and at the same time upholding fiscal responsibility and good stewardship of the people's money. Together, we are working to ensure that the 22.2 million Americans with a serious substance abuse problem, the 19.6 million Americans with serious mental illness, and the 4.2 million Americans with co-occurring serious mental illness and substance abuse problems have the opportunity for fulfilling lives that include a job, a home, and meaningful relationships with family and friends.

To better serve people with mental illnesses, substance use disorders, and co-occurring disorders, a true partnership has emerged. Our common goal is to more rapidly deliver research based practices to the communities that provide services. SAMHSA is partnering with the pertinent National Institutes of Health (NIH) research agencies -- the National Institutes on Drug Abuse (NIDA), The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute of Mental Health (NIMH) -- to advance a "Science to Service" cycle. Working both independently and collaboratively, we are committed to establishing pathways to rapidly move research findings into community-based practice and to reducing the recognized 15-20 year gap between the initial development and widespread implementation of new and effective treatments and services. At the same time, we are working to ensure consumers and providers of mental health and substance abuse services are aware of the latest interventions and treatments.

One important tool being used to accelerate the "Science to Service" agenda – is SAMHSA's National Registry of Evidence-based Programs and Practices (or NREPP). The tremendous success of the registry in the substance abuse prevention area has led SAMHSA to expand this effort to include substance abuse treatment, mental health services, and mental health promotion programs. The NIH Institutes are engaged with SAMHSA in identifying both an array of potential programs for review by the Registry, as well as a cadre of qualified scientists to assist in the actual program review process. We are committed to making the NREPP a leading national resource for contemporary and reliable information on effective interventions to prevent and/or treat mental and addictive disorders.

I am particularly proud to tell you that improving services for all populations, from this nation's older adults to our youngest citizens, is the driving force behind achieving our

agency priorities – priorities which are clearly outlined in our Matrix. The Matrix has matured into an invaluable tool that reflects the agency as a whole. It also serves as a guide for the design of our budget requests. By continuing to focus SAMHSA staff and the field on planting a few "redwoods" rather than letting "a thousand flowers bloom," the proposed FY 2006 budget continues our commitment to making solid, lasting improvements in the service delivery system.

SUSBTANCE ABUSE TREATMENT AND RECOVERY SUPPORT SERVICES

It is abundantly clear that many of our most pressing public health, public safety, and human services needs have a direct link to substance use disorders. This obvious link is why the Administration places such a great importance on increasing the Nation's substance abuse treatment capacity.

At SAMHSA, we support and maintain State substance abuse treatment systems through the Substance Abuse Prevention and Treatment Block Grant. Our Targeted Capacity Expansion (TCE) grant program continues to help us identify and address new and emerging trends in substance abuse treatment needs. And, now, within TCE we have Access to Recovery (ATR). It provides us a third complementary grant mechanism to expand clinical substance abuse treatment and recovery support service options.

In his 2003 State-of-the-Union Address, President Bush resolved to help people with a drug problem who sought treatment but could not find it. He proposed ATR, a new consumer-driven approach for obtaining treatment and sustaining recovery through a State-run voucher program. State interest in Access to Recovery was overwhelming. Sixty-six states, territories, and tribal organizations applied for $100 million in grants in FY 2004. We funded grants to 14 states and one tribal organization in August 2004.

Wisconsin issued the first Access to Recovery voucher to a 41-year old mother from Milwaukee whose addiction and related felony conviction had become roadblocks to getting a job and raising her children.

This single mother chose an agency which provides residential clinical treatment and recovery support services that will allow her one-year old baby to live with her in treatment once she is ready for re-unification. She worked with her Access to Recovery Coordinator to develop her own unique Recovery Support Team which includes her service providers, probation officer, church members, family members and others to help her achieve and then sustain recovery. She recently used the analogy of "an angel on her shoulder" when she described the services she has received through Access to Recovery.

In FY 2006, the President has proposed $150 million for ATR. This proposed increase will fund 7 new grants and continue the current 15 grants. All of these grants will have a three year project period to allow them to ramp up to full capacity.

The President's budget also proposes to increase the Screening, Brief Intervention, Referral, and Treatment Program by almost $6 million for a total of $31 million, which includes $2 million for program evaluation, The FY 2006 budget proposes to maintain the substance abuse prevention and treatment block grant at the same level as the FY 2005 appropriation, $1.8 billion.

While building substance abuse treatment capacity and recovery support services is critical, it is imperative not to lose sight of the importance of preventing addiction in the first place by stopping drug use before it starts.

STRATEGIC PREVENTION FRAMEWORK

As you know, the President set an aggressive goal to reduce youth drug use in America. I'm pleased to report our strategy is working. By focusing our attention, energy and resources we, as a nation, have made real progress. The most recent data from the 2004 Monitoring the Future Survey confirms that we are steadily accomplishing the President's goal to reduce teen drug use by 25 percent in five years. The President set this goal in 2002 with a two-year benchmark reduction of 10 percent – last year we met and exceeded that goal. Now at the three-year mark, we have seen a 17 percent reduction and there are now 600,000 fewer teens using drugs than there were in 2001. This is a clear indication that the our work with our many Federal and State partners, along with schools, parents, teachers, law enforcement, religious leaders and local community anti-drug coalitions, is paying off. But our work is far from over, and prevention is key.

To more effectively and efficiently align and focus our prevention resources, SAMHSA launched the Strategic Prevention Framework last year. SAMHSA awarded Strategic Prevention Framework grants to 19 States and 2 territories to advance community-based programs for substance abuse prevention, mental health promotion and mental illness prevention.

We expect to continue these grants and fund 7 new grants in FY 2006 for a total of $93 million. These grants are working with our Centers for the Application of Prevention Technology to systematically implement a risk and protective factor approach to prevention across the nation. Whether we speak about abstinence or rejecting drugs, tobacco and alcohol; whether we're promoting exercise and a healthy diet, preventing violence or promoting mental health, we really are all working towards the same objective – reducing risk factors and promoting protective factors.

The success of the framework rests in large part on the tremendous work that comes from grass-roots community anti-drug coalitions. That's why we are so pleased to be working with the Office on National Drug Control Policy (ONDCP) to administer the Drug-Free Communities Program. This program supports approximately 775 community coalitions across the country.

Consistent with the Strategic Prevention Framework and the Drug Free Communities grant programs we are transitioning our drug specific programs to a risk and protective

factor approach to prevention. This approach also provides States and communities with the flexibility to target their dollars in the areas of greatest need. Given our approach and the constraints of the budget, we had to make some tough decisions. Unfortunately, we will be ending the Ecstasy and Methamphetamine grant programs early. We will also be reducing the funds available for the National Clearinghouse for Drug and Alcohol Information by $4 million and some other Best Practices contract activity by $6 million.

In the context of prevention, I want to mention that SAMHSA and our partners are collaborating to prevent underage alcohol use, which has been a stubbornly persistent problem for years. Specifically, our new Strategic Prevention Framework grant program emphasizes the importance of addressing underage drinking. We have also formed an Interagency Coordinating Committee on the Prevention of Underage Drinking, which has conducted a thorough review of existing Federal efforts, and identified opportunities for collaboration to address this problem. An interim report on the development of our plan for combating underage drinking was submitted to Congress, and we have received comments from a number of interested parties. These comments are being used to develop our final report to Congress on the plan, and the first annual report on underage drinking. Our goal is to implement appropriate steps to create and sustain a strong national commitment to prevent and reduce underage drinking. In particular, I want to express my appreciation for the Congress' support for the development of an underage drinking prevention campaign in partnership with the Ad Council. In addition, the Committee is sponsoring a national meeting on underage drinking this fall, to be followed by a web based meeting of communities across the country in the spring of 2006. Both the Ad Council campaign and the national meeting are working examples of how collaborations can be successful.

MENTAL HEALTH SYSTEM TRANSFORMATION

As you know, the President's New Freedom Commission on Mental Health's report, issued in July 2003, called for transformation of the current system, recommending new service delivery patterns and incentives to ensure that every American with mental illness has improved access to the most current treatments and best support services.

As a result, the 2006 budget proposal includes $26 million for Mental Health System Transformation State Incentive Grants, a $6 million increase over FY 2005. These infrastructure grants will provide support for developing comprehensive State mental health plans to reduce system fragmentation, thereby improving services and supports available to people living with mental illnesses. SAMHSA plans on awarding 8 State Transformation Grants with funds appropriated in FY 2005 and the proposed increase will allow us to award 3 new grants in FY 2006.

As we begin the process of transformation, we will continue programs that support and maintain services for people with mental illnesses and children with serious emotional disturbances such as the National Child Traumatic Stress Initiative, the Suicide Prevention Lifeline, Suicide Resource Center, Adolescents at Risk program and the

Garrett Lee Smith Memorial Act activities for Youth Suicide Prevention for States and Campuses Activities.

While we will maintain funding for our youth violence prevention activities at almost $67 million, this is a $27.4 million reduction from FY 05. The reduction is a result of Safe Schools/Healthy Students and Youth Violence Prevention grants coming to a natural end. Other mental health activities including grants in the Chronic Homeless initiative, Minority AIDS initiative and Jail Diversion program will be ending in FY 2005 as well.

In addition the proposed budget maintains funding for the Community Mental Health Services Block Grant at $433 million, Protection and Advocacy for Individuals with Mental Illness (PAIMI) at $34 million, Projects for Assistance in Transition from Homelessness (PATH) at $55 million, and the Children's Mental Health Services Program is funded at $105 million. The ongoing evaluation of this program has continued to document a solid record of positive outcomes.

However, transformation of the mental health system will not be accomplished through change on the margin, but rather through profound change in behaviors and competencies. It is a continuous and long-term process that leads to a different structure, culture, policy, and programs to which the Agency is strongly committed. This change is also needed to fully include a population of consumers that until recently has been virtually overlooked and, more often than not, shuffled around. Those consumers are those who suffer with co-occurring mental and substance use disorders.

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS

The FY 2006 budget request includes $18.3 million for the support of State Incentive Grants for Co-occurring disorders. People with co-occurring mental and substance use disorders face longstanding systemic barriers to appropriate treatment and support services and, until recently have been virtually overlooked. To begin to eliminate these barriers we submitted our National Blueprint for Change Report to Congress on co-occurring disorders in December of 2002. We are now achieving the action steps outlined in the report to Congress.

These actions steps have led to tangible accomplishments including the new SAMHSA funded State Incentive Grant for Co-occurring Disorders; our newly operational Co-Occurring Center for Excellence, which is a national co-occurring disorders prevention and treatment technical assistance and cross-training center that NIDA helped to create through membership of the steering council; and a broadened approach to identify and disseminate known effective programs for the prevention and treatment of co-occurring disorders through NREPP.

If we continue to foster these initiatives and further our goals of expanding substance abuse treatment capacity and recovery support services; of implementing the strategic prevention framework; of transforming mental health care; and of improving services for people with co-occurring disorders, we will simultaneously better serve people in the

criminal and juvenile justice systems, those with or at risk of HIV/ AIDS and hepatitis, our homeless, our older adults, and our children and families.

ACCOUNTABILITY AND PERFORMANCE

Although I can tell you about our progress and provide real examples of how SAMHSA has and plans to continue improving what we do and how we do it, we are creating a yardstick for measuring and managing performance. We began developing our data strategy in August 2003. The goal is to ensure that decisions related to SAMHSA's priorities are based on the most comprehensive and accurate information available.

Our data strategy will ultimately result in National and State pictures of our progress in ten domains. Through collaboration with the States we have identified these ten domains – or "National Outcomes" -- which measure resilience and recovery – or meaningful, real life outcomes for people striving to work, learn and participate fully in their communities.

Theses ten key domains are: (1) abstinence from drug use and alcohol abuse, or decreased mental illness symptomatology/improved functioning; (2) increased or retained employment and school enrollment; (3) decreased involvement with the criminal justice system; (4) increased stability in housing conditions; (5) increased access to services; (6) increased retention in services for substance abuse treatment or decreased utilization of psychiatric inpatient beds for mental health treatment; (7) increased social connectedness to family, friends, co-workers and classmates; (8) client perception of care; (9) cost effectiveness of services; and (10) use of evidence-based practices.

These National Outcome Measures are already being implemented through the Access to Recovery, the Strategic Prevention Framework and the Mental Health System Transformation grants and they are being reported by States in the Community Mental Health Services and the Substance Abuse Prevention and Treatment Block Grants. Ultimately, they will be reported by all of SAMHSA's programs. Data for reporting on the measures will come primarily from the States, with data infrastructure and technical assistance support from a new State Outcome Measurement and Management System funded by SAMHSA. While each State is at a different stage of readiness and some of the measures themselves are still in development, SAMHSA in partnership with the States has developed an implementation plan that is expected to be complete in FY 2009. Ultimately, we will be able to report consistent, cross-year data allowing us to examine the impact of programs and changes over time. It just makes sense to use consistent measures across programs that have the main goal of building resilience and facilitating recovery. It also makes sense in terms of reporting to Congress and the taxpayer on the effectiveness of their investment in our programs. SAMHSA will be releasing state and national outcomes data shortly and will be providing members of the Subcommittee with reports on their states.

Complementary and critical to the National Outcome Measures data is SAMHSA's national data collection on the prevalence, treatment, and consequences of substance use and mental illness in the United States through our National Survey on Drug Use and

Health. SAMHSA also regularly collects data on drug-related emergency room visits and drug-related deaths through our Drug Abuse Warning Network (DAWN) and is the national source of information on the Nation's substance abuse treatment system through our Drug and Alcohol Services Information System (DASIS).

In conclusion, the President's FY 2006 budget proposal is a fiscally responsible budget that sets priorities and holds government programs accountable for real results. We are doing our part at SAMHSA. We have made some tough choices. We have focused the resources available on the most urgent priorities that will make the biggest difference in the health and well-being of Americans.

Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to appear today. I will be pleased to answer any questions you may have.